



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)
BGNA063

| | | |
|--|-----------------------|-----------------------------------|
| In re Application of | | Jeffrey L. BROWNING <i>et al.</i> |
| Application Number | 09/829031-Conf. #1334 | Filed April 9, 2001 |
| REVERSAL OF VIRAL-INDUCED SYSTEMIC SHOCK AND For: RESPIRATORY DISTRESS BY BLOCKADE OF THE LYMPHOTOXIN BETA PATHWAY | | |
| Art Unit | 1648 | Examiner Li, B. |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

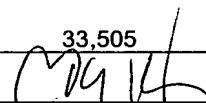
| | |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 | |

I have enclosed a duplicate copy of this sheet.

I am the

| | |
|---|--------|
| <input type="checkbox"/> applicant/inventor. | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) | 33,505 |

April 21, 2004
Date


Signature

(617) 227-7400
Telephone Number

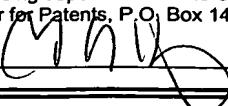
Elizabeth A. Hanley
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378819309 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 21, 2004

Signature:  (Elizabeth A. Hanley)



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950.00)
Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 09/829031-Conf. #1334 |
| Filing Date | April 9, 2001 |
| First Named Inventor | Jeffrey L. BROWNING |
| Examiner Name | Li, B. |
| Art Unit | 1648 |
| Attorney Docket No. | BGNA063 |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None

 Deposit Account:

 Deposit Account Number: **12-0080**

 Deposit Account Name: **Lahive & Cockfield, LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION (continued)**3. ADDITIONAL FEES**

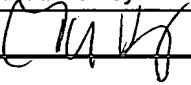
| Large Entity | Small Entity | Fee Description | Fee Paid |
|-----------------------------------|--------------|---------------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 1053 | 130 | 1053 | 130 |
| 1812 | 2,520 | 1812 | 2,520 |
| 1804 | 920* | 1804 | 920* |
| 1805 | 1,840* | 1805 | 1,840* |
| 1251 | 110 | 2251 | 55 |
| 1252 | 420 | 2252 | 210 |
| 1253 | 950 | 2253 | 475 |
| 1254 | 1,480 | 2254 | 740 |
| 1255 | 2,010 | 2255 | 1,005 |
| 1401 | 330 | 2401 | 165 |
| 1402 | 330 | 2402 | 165 |
| 1403 | 290 | 2403 | 145 |
| 1451 | 1,510 | 1451 | 1,510 |
| 1452 | 110 | 2452 | 55 |
| 1453 | 1,330 | 2453 | 665 |
| 1501 | 1,330 | 2501 | 665 |
| 1502 | 480 | 2502 | 240 |
| 1503 | 640 | 2503 | 320 |
| 1460 | 130 | 1460 | 130 |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 8021 | 40 | 8021 | 40 |
| 1809 | 770 | 2809 | 385 |
| 1810 | 770 | 2810 | 385 |
| 1801 | 770 | 2801 | 385 |
| 1802 | 900 | 1802 | 900 |
| Other fee (specify) | | | |
| *Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) (\$ 950.00) | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Extra Claims | Fee from below | Fee Paid |
|--------------------|----------------|----------|
| Total Claims | -** = | |
| Independent Claims | -** = | |
| Multiple Dependent | | |

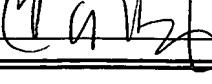
| Large Entity | Small Entity | Fee Description |
|-------------------------------|--------------|---|
| Fee Code | Fee (\$) | Fee Description |
| 1202 | 18 | 2202 9 Claims in excess of 20 |
| 1201 | 86 | 2201 43 Independent claims in excess of 3 |
| 1203 | 290 | 2203 145 Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 43 ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$ 0.00) | | |

** or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Elizabeth A. Hanley | Registration No. (Attorney/Agent) | 33,505 |
| Signature |  | Date | April 21, 2004 |

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Dated: April 21, 2004

Signature: 

(Elizabeth A. Hanley)



Image 04-23-04

AF 1648/4

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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120

TRANSMITTAL FORM

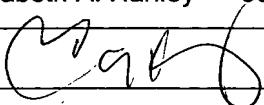
(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|-----------------------|
| | | Application Number | 09/829031-Conf. #1334 |
| | | Filing Date | April 9, 2001 |
| | | First Named Inventor | Jeffrey L. BROWNING |
| | | Art Unit | 1648 |
| | | Examiner Name | Li, B. |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number | BGNA063 |

ENCLOSURES (Check all that apply)

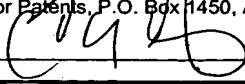
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley – 33,505 |
| Signature |  |
| Date | April 21, 2004 |

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